



Physician Referral Form

For adults (at least 19 years of age) experiencing mild to moderate depression (PHQ-9 range = 5 to 19), with or without anxiety, community coaches provide telephone delivery of a brief, workbook-based, self-help program to improve mental health.

Patient Name: _____

Telephone: _____

Date of Birth: _____

Please confirm that the patient:

- Is not severely depressed / has a PHQ-9 score of 19 or less
- Is not at risk to harm self or others
- Is not cognitively impaired
- Is not misusing alcohol or drugs
- Does not have a personality disorder
- Does not have a history of bipolar disorder or psychosis

Please note that the referring primary health care practitioner always retains professional responsibility for the patient.

If available, please include the patient's PHQ-9 score:

| |
|-------------|
| PHQ-9 Score |
|-------------|

Is the patient receiving medication for:

| | | |
|-------------|-----|----|
| Depression? | Yes | No |
| Anxiety? | Yes | No |

Would the patient prefer to access the program in Cantonese? Yes No

Is this referral being made as part of the 'Rx for Health' Program? Yes No

Referring Physician and Contact Information:

Please transmit referral information to your Bounce Back Community Coach:

For Vancouver Coastal Region
& Provincial Cantonese Program:
Fax: 604-980-0336 / Phone: 604-929-2199
Toll-Free Phone (English): 1-866-639-0522
Toll-Free Phone (Cantonese): 1-877-318-3098